

2. Patient Number

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3. Date of Birth

Month
Day
Year

4. Race

☐ 1. White
☐ 2. Black/African American
☐ 3. American Indian/Alaska Native
☐ 4. Asian
☐ 5. Native Hawaiian/Other Pacific Islander
☐ 6. Other

Ethnicity: Hispanic Origin?
☐ 1. Yes
☐ 2. No

5. Gender

☐ 1. Male
☐ 2. Female

6. County of Residence

NC Department of Health and Human Services  
Public Health Nursing and Professional Development

DIETARY RECALL/  
FOOD FREQUENCY  
FLOW SHEET

24-HOUR RECALL

DATE:			DATE:			DATE:		
If not typical 24-hr. recall, explain:			If not typical 24-hr. recall, explain:			If not typical 24-hr. recall, explain:		
FOOD GROUPS	# SERVINGS	ASSESSMENT	FOOD GROUPS	# SERVINGS	ASSESSMENT	FOOD GROUPS	# SERVINGS	ASSESSMENT
Breast Milk / Formula (type & amount)			Breast Milk / Formula (type & amount)			Breast Milk / Formula (type & amount)		
Grains / Cereals			Grains / Cereals			Grains / Cereals		
Vegetables/Juices			Vegetables/Juices			Vegetables/Juices		
Fruits/Juices			Fruits/Juices			Fruits/Juices		
Protein Foods			Protein Foods			Protein Foods		
Dairy Products			Dairy Products			Dairy Products		
Inappropriate Foods			Inappropriate Foods			Inappropriate Foods		
Signature			Signature			Signature		

FOOD FREQUENCY

DATE:	Times per		Assmt	DATE:	Times per		Assmt	DATE:	Times per		Assmt
	Day	Week			Day	Week			Day	Week	
Breads, cereal, rice, pasta				Breads, cereal, rice, pasta				Breads, cereal, rice, pasta			
Vegetables or their juices				Vegetables or their juices				Vegetables or their juices			
Fruits or their juices				Fruits or their juices				Fruits or their juices			
Protein: lean meats, eggs, dry beans				Protein: lean meats, eggs, dry beans				Protein: lean meats, eggs, dry beans			
Dairy Products: milk, cheese, yogurt				Dairy Products: milk, cheese, yogurt				Dairy Products: milk, cheese, yogurt			
Water				Water				Water			
Fats: fried foods, bacon, sausages				Fats: fried foods, bacon, sausages				Fats: fried foods, bacon, sausages			
Sweets: cake, pie, candy				Sweets: cake, pie, candy				Sweets: cake, pie, candy			
Soft drinks: sodas, kool-aid				Soft drinks: sodas, kool-aid				Soft drinks: sodas, kool-aid			
Caffeine: coffee, tea, soda, chocolate				Caffeine: coffee, tea, soda, chocolate				Caffeine: coffee, tea, soda, chocolate			
Salty snacks: chips, pretzels, popcorn				Salty snacks: chips, pretzels, popcorn				Salty snacks: chips, pretzels, popcorn			
Alcohol: beer, wine, liquor				Alcohol: beer, wine, liquor				Alcohol: beer, wine, liquor			
Vitamin / mineral supplement				Vitamin / mineral supplement				Vitamin / mineral supplement			
Signature				Signature				Signature			

Patient Name, #, or DOB  
or  
Attach Patient Label Here

## 24-HOUR RECALL

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Fruits/Juices			Fruits/Juices			Fruits/Juices		
Protein Foods			Protein Foods			Protein Foods		
Dairy Products			Dairy Products			Dairy Products		
Inappropriate Foods			Inappropriate Foods			Inappropriate Foods		
Signature			Signature			Signature		

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	Day	Week			Day	Week			Day	Week	
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Vitamin / mineral supplement				Vitamin / mineral supplement				Vitamin / mineral supplement			
Signature				Signature				Signature			

## **DIETARY RECALL/FOOD FREQUENCY FLOW SHEET (DHHS 2813)**

This is a flow sheet to document and assess the dietary intake of individuals of all ages. It is not a stand-alone form and does not comprise a total nutritional assessment. It will supplement the dietary screening and food frequency in the Maternal and Child Basic History and will centralize information required for nutritional assessment at the recommended intervals (refer to Maternal Health, Child Health, Family Planning, Adult Health and/or WIC Manuals). The form is designed to document either a 24-hour recall or a food frequency.

1-6 NAME, NUMBER, ETC.

Attach in this space the computer generated identification label or emboss in this space the information imprinted on the patient's plastic identification card. When a plastic card or label is not available, manually record the patient's name (last name, first name and middle initial), identification number, date of birth (MM-DD-YYYY), race, ethnicity, gender, and county of residence.

### **24-HOUR RECALL**

DATE

Record the date the information was obtained.

24-HOUR RECALL

Record the type of food, serving size, method of preparation and seasoning for all foods consumed within a specified 24-hour period.

IF NOT TYPICAL 24-HOUR  
RECALL, EXPLAIN

If, the recall is not representative of the individual's usual dietary intake, note the reason(s) and foods/beverages usually consumed.

FOOD GROUPS # SERVINGS

Record the total number of servings consumed during the above 24-hour period. (Exception: Record formula intake in total ounces).

ASSESSMENT

Compare the number of servings consumed to the number recommended daily for the individual. Record the missing servings as -1, -2 etc. Record excessive servings as +1, +2, etc.

### **FOOD FREQUENCY**

FOOD FREQUENCY  
TIMES PER DAY/WEEK

Record the number of times per day or week the food or beverage is consumed.

ASSESSMENT

Compare the number of servings consumed to the number recommended daily for the individual. Record the missing servings as -1, -2 etc. Record excessive servings as +1, +2, etc.

SIGNATURE

Record the full legal signature of the health professional responsible for the information.